



IFe 3626

Atty. Dkt. No. 040405-0340

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Makoto ENDOU

Title: HOME MEDICAL
EXAMINATION SYSTEM AND
HOME MEDICAL
EXAMINATION METHOD
THEREOF

Appl. No.: 09/895,392

Filing Date: 7/2/2001

Examiner: Cobanoglu, Dilek B.

Art Unit: 3626

<p align="center">CERTIFICATE OF MAILING</p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date below.</p> <p align="center"><u>Christine Flores</u> (Printed Name)</p> <p align="center"><u>C. Flores</u> (Signature)</p> <p align="center"><u>4/17/06</u> (Date of Deposit)</p>
--

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.
- [] Assertion of Small Entity status is enclosed.
- [X] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	15	-	20	=	0	x	\$50.00	=	\$0.00
Independent Claims:	2	-	3	=	0	x	\$200.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$360.00	=	\$0.00
CLAIMS FEE TOTAL									= \$0.00

☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$120.00	\$0.00
<input type="checkbox"/> Extension for response filed within the second month:	\$450.00	\$0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$1,020.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,590.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,160.00	\$0.00
EXTENSION FEE TOTAL:		\$0.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$0.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:		\$0.00


If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date April 17, 2006

FOLEY & LARDNER LLP
Customer Number: 22428
Telephone: (202) 672-5407
Facsimile: (202) 672-5399

By 

David A. Blumenthal
Attorney for Applicant
Registration No. 26,257



Atty. Dkt. No. 040405-0340

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Makoto ENDOU
Title: HOME MEDICAL
EXAMINATION SYSTEM AND
HOME MEDICAL
EXAMINATION METHOD
THEREOF
Appl. No.: 09/895,392
Filing Date: 07/02/2001
Examiner: Cobanoglu, Dilek B.
Art Unit: 3626

<p>CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date below.</p> <p><u>Christine Flores</u> (Printed Name)</p> <p><u>C. Flores</u> (Signature)</p> <p><u>4/17/06</u> (Date of Deposit)</p>

AMENDMENT AND REPLY UNDER 37 CFR 1.111

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This communication is responsive to the Non-Final Office Action dated February 7, 2006, concerning the above-referenced patent application.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this document.

Please amend the application as follows: